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Public Health Bytes

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PANDEMIC ALERT PHASE: 3

Communicable Diseases Update: *Public Health Bytes will highlight Pandemic alert phases in each upcoming publication.* The World Health Organization (WHO) has identified the following phases (adapted from HHS Pandemic Flu Plan - <http://www.hhs.gov/pandemicflu/plan/pdf/AppC.pdf>):

- **Interpandemic Period**
 - Phase 1.** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low
 - Phase 2.** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease
- **Pandemic Alert Period**
 - Phase 3.** Human infection(s) with a new subtype but no human-to-human spread or at most rare instances of spread to a close contact
 - Phase 4.** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans
 - Phase 5.** Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk)
- **Pandemic Period**
 - Phase 6.** Pandemic phase: increased and sustained transmission in the general population
- **Postpandemic Period**
 - Return to the Interpandemic Period (Phase 1)

Enhanced U.S. Surveillance and Diagnostic Evaluation: Avian Influenza A (H5N1)

CDC recommends maintaining enhanced surveillance to identify patients at increased risk for avian influenza A (H5N1): “Testing for avian influenza A (H5N1) is indicated for hospitalized patients with radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND history of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans (for a regularly updated listing of H5N1-affected countries, see <http://www.who.int/en/> or http://www.oie.int/eng/en_index.htm). Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with state and local health departments for hospitalized or ambulatory patients with: documented temperature of >38°C (>100.4°F), AND one or more of the following: cough, sore throat, shortness of breath, AND **history of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market)** or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.” See www.cdc.gov/flu/avian/professional/han020405.htm for further guidance.

Seasonal Influenza Update: *As of 11/17/05 Virginia is still listed as “No Activity.”*

Virginia Newborn Screening Program Update: Emergency Regulations for the Virginia Newborn Screening Program have been proposed. These regulations will expand the scope of the program. Additional information is available at <http://legis.state.va.us/codecomm/register/vol22/iss05/v22i5.pdf>. Public comments may be submitted until 12/14/05.

Intimate Partner Violence (IPV): Project RADAR, a program of the Center for Injury & Violence Prevention at the Virginia Department of Health, is a provider-focused initiative to promote the assessment and prevention of intimate partner violence in the health care setting. Through the program website, Virginia's health care providers have online access to: 1) “Best-Practice” Policies, Guidelines, and Assessment Tools 2) Training Programs and Specialty-Specific Curricula 3) Awareness and Educational Materials and 4) Information on the Latest Research/Data related to IPV. See www.ProjectRadarVA.com to register and for further information.

Transgender Health Conference: The Virginia Transgender Health Initiative is sponsoring a training session on Dec 13-14th at the Holiday Inn Select, Koger Center. The conference will provide clinicians with information on 1) Development of HIV prevention programs for transgender populations, 2) Transgender terminology 3) Hormones, surgery, and other important health issues 4) Unique health risks such as injection silicone use and 5) Access and barriers to care. For more information, please contact Ted Heck at (804)864-8012 or Ted.Heck@vdh.virginia.gov.

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